



**\*\*Please note: In order for your child to participate in the gymnastics activities, we must have the following information completed and returned to Gold Medal Gymnastics Center.**

### **PERMISSION SLIP**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

List all allergies: \_\_\_\_\_

Medical Insurance Name: \_\_\_\_\_ Doctor's Name and Phone # \_\_\_\_\_

In consideration of your accepting this application, I the undersigned intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims I may have against Gold Medal Gymnastics Center and its employees, successors and assigns for damages, injuries and / or claims which I might otherwise have arising out of said event. I attest and verify that I am physically fit for the sport of gymnastics. My physical condition has been verified by a licensed medical doctor. If signed by a parent, the parent agrees to release and hold the above named organization and persons harmless of any claims and / or rights which may be asserted by or on behalf of the application. The parent also agrees to permit any photos taken of their child in class to be used for advertising purposes.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**149 Centereach Mall , Centereach, NY 11720 - Tel(631)981-4653 Fax(631)981-6653**